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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

State File No. _____

Registration District No. 865

Primary Registration District No. 6143

Registrar's No. _____

1. PLACE OF DEATH: Texas

(a) County Texas

(b) City or town Rural Cass Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 (Specify whether years, months or days) 2

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Texas

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Iyrone (Cass) mo
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Martha Jane Savage

3. (b) If veteran, name war _____

3. (c) Social Security No. Old age pension

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1940 hour 5 minute 00 P. M.

4. Sex F. 6. Color or race w. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec 18 1843
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/20/40 to _____, 19____, to _____, 19____; that I last saw her alive on 10/26/40, 19____, and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>86</u> | <u>10</u> | <u>25</u> | hr. _____ min. _____ |

Immediate cause of death Congestive Ht. failure
arterio-sclerotic
Heart disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name McHenry

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Maggie Robinson

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Andrew Lay

(b) Address Iyrone mo

17. (a) Burial (b) Date thereof Nov 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stark Cemetery near Houston

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Gaylord V Elliott

(b) Address Cabool mo

19. (a) Nov 15-40 (b) Mrs Lou McMillin
(Date received local registrar) (Registrar's signature)

23. Signature Garnett Lay (M. D. or other) _____

Address Cabool mo Date signed 11/14/40

RECEIVED

District Health Officer No. 5,

District File Number.. 1240/218

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

(Licensed Embalmer's Statement on Reverse Side)